COUNTY BOROUGH OF ST. HELENS

Annual Report

OF THE

School Medical Officer,

FOR

1928.

[illegible], M.B., Ch.B., D.P.H.
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THE HAMBLETT OPEN-AIR COUNCIL SCHOOL.

OPENED 1ST APRIL, 1929.

COUNTY BOROUGH OF ST. HELENS.

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FRANK HAUXWELL, M.B., Ch.B., D.P.H.
Medical Officer of Health,
and School Medical Officer.

St. Helens:
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1929.

INDEX.

Statistical Review of Work of the School Medical Service during the year 1928.

Children in Average Attendance at Elementary Schools	18734
Total Examinations of Elementary School Children	21865
Miscellaneous Examinations (Bursars, &c.)	82
Children at Elementary Schools having defects which required treatment or to be kept under observation	8483
Children at Secondary Schools having defects which required treatment or to be kept under observation	387
Minor Ailments treated at School Clinics	3633
Visual Defects treated	568
Throat and Nose Defects treated	240
Children inspected by School Dentists	19641
Children treated by School Dentists	6877
Total Attendances at School Clinics	51136
Examinations by Nurses for Cleanliness	59960
Visits to Schools by Medical Officers	289
Visits to Schools by Nurses	5994
Home Visits by Nurses	12560
Total Attendances at Inspection Clinic	3615

TO THE CHAIRMAN AND MEMBERS OF THE
ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit my Annual Report as School Medical Officer for the year 1928.

A statistical summary of the work carried out during the year is given on the preceding page, and detailed figures regarding medical inspection and treatment are given in the statistical tables at the end of the report.

During 1928 little alteration has taken place in the various activities of the School Medical Service, the work being carried out along the lines laid down in previous years. A very satisfactory feature of the work is that of the children requiring treatment the percentage treated has increased each year during the past 10 years from 49·5% in 1918 to 82·1% in 1928. For this increase two reasons are, I think, mainly responsible. Firstly, parents are increasingly recognising the beneficial effects of early treatment and secondly, increased facilities for treatment at the various clinics bring treatment within the reach of all.

In recent years special attention has been paid to the needs of the exceptional child. For the cripple and for the delicate child the orthopaedic clinic and the open-air school now offer great advantages. For the blind, the deaf and dumb, and the mentally defective child, special education however is required, and it is to the credit of St. Helens that an increasing number of these children is now being maintained in special residential schools. It must be recognised, however, that the majority of these children are quite unfit for ordinary occupations and I would suggest that more should be done in the provision of technical or vocational training after the age of 16 years. Since the passing of the Blind Persons Act of 1920 this difficulty has to a great extent been overcome in respect of the blind child, and what has been done for the blind child could, with great advantage, be also done for the cripple and the deaf and dumb.

No particular report has been made regarding school buildings in St. Helens. I would, however, draw the Committee's attention to the fact that many are in a very unsatisfactory condition. In some of the older schools especially lack of efficient ventilation and sunlight are very serious objections, whilst the general sanitary conditions of others are not such as are likely to implant in the scholars' minds the importance of good hygiene. As the majority of these schools must necessarily be kept in use for many years, I would suggest the Committee seriously consider the necessity of immediate improvements to remove the most serious defects.

I would again remind the Committee of the urgent need for providing increased accommodation for School Clinic purposes. The numbers attending for treatment at the Claughton Street premises have increased so enormously of recent years that the present premises are quite inadequate.

My special thanks are due to Dr. Morley, Deputy Medical Officer, for much of the work that has been done and to Mr. Hartley, Secretary for Education, for his cordial co-operation and assistance.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

April, 1929.

STAFF.

School Medical Officer and Medical Officer of Health :—

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy School Medical Officer and Deputy Medical Officer of Health :—

D. E. Morley, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,

Assistant School Medical Officers and Assistant Medical Officers of Health :—

T. K. Hughes, M.B., Ch.B., D.P.H. (Liverp.).

Helen Standring, M.D., Ch.B., D.P.H. (Liverp.).

Dental Surgeons :—

A. C. Wilson, L.D.S.

F. A. Hely, L.D.S.

Susan Grandison, L.D.S. (resigned August, 1928).

Christine Calder, L.D.S. (from 1st November, 1928).

Health Visitors and School Nurses :—

Ethel Denman,	(1), (2), (3), (4)	Daisy C. Cruickshank	(3), (4)
Mary Riding,	(3), (4)	Nora Hogan	(3), (4)
Louise M. Austin	(3), (4)	Mary Corrish,	(3), (4)
Winifred Cowan,	(2), (3), (4)	Rosanna J. O'Connor	(3), (4)
Amy Coates,	(2), (3), (4)	Alice Happold,	(3), (4)
Emily Corrish	(2), (3), (4)	Mary Elliott,	(3), (4)
*Mary Dyer,	(3), (4)	Edith Curran,	(3), (4)
		Muriel Mountford	(2), (3), (4)

After Care Sister (Orthopaedic Scheme) :

Olive I. Burton, (4), (5)

School Clinic and Dental Nurses and Attendants :

Ethel M. K. Elliot,	(4)	Florence Faber	(3), (4)
Grace Sumner	(4)	F. Wilkinson	(4)
*Jessie Staveley	(4)	Rose Wylie	(4)
Muriel Lamb			

(*) Resigned during the year.
(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
(2) Health Visitor's Certificate of the Royal Sanitary Institute.
(3) Certificate of the Central Midwives Board.
(4) A trained Nurse.
(5) Certificate of Chartered Society of Masseuses, etc.

The following are part time officers at the School Clinic :—

E. Allan, M.B., Ch.B. (Edin.), Ophthalmic Surgeon.

J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.), Ear, Throat and Nose Surgeon.

T. P. McMurray, M.B., M.Ch., B.A.O. (R.U.I.), F.R.C.S., (Edin.), Orthopaedic Surgeon.

J. Unsworth, M.B., B.S. (Lond.).
Physician to the X-Ray Department.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1928 there were under the control of the Education Committee, 39 Elementary Schools with 84 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	24,471
Average number of children on the roll during the year	20,818
Average number of children in attendance during the year	18,734
Percentage attendance for the year	89·9%

All routine medical inspections are conducted in the schools and the scheme allows of three visits by the medical officers to each school during the year. At each visit one or more of the routine age groups laid down by the Board of Education are examined, together with any children previously examined and referred either for treatment or for observation (re-examinations), and any children whom either the nurse or teacher wishes to bring before the medical officer (specials).

In addition to medical inspections at the schools, the medical officers hold an Inspection Clinic at the Town Hall on two mornings each week. Cases dealt with at this clinic are those referred by school attendance officers, teachers, nurses, and parents for advice or report, and cases referred from school inspections for further examination.

The following statement shows the work done in Medical Inspection during the past five years :

	1924	1925	1926	1927	1928
Routine Examinations	6004	5905	5984	6451	6587
Special Examinations	5545	4623	4768	5242	5801
Re-examinations	7524	8540	8834	9572	9477
Examinations at Inspection Clinic	4140	4398	3742	4019	3615

The detailed figures of the number medically inspected during the year are given in Table I.

Apart from the inspections by medical officers, the school nurses do a considerable amount of supplementary inspections. These include inspections regarding cleanliness, inspections preliminary to referring cases to the medical officer, and inspections in connection with infectious diseases. These duties will be referred to later in the review of the work of the school nurses.

Secondary Schools.

The Secondary Schools to which the provisions of the School Medical Service are applicable are the :—

St. Helens Cowley Boys' Secondary School.

St. Helens Cowley Middle School for Girls.

The general arrangements for the medical inspection of these schools are similar to those for the Elementary Schools. Girls are examined by the female assistant medical officer. Routine medical examination is made once every year of all children attending these schools and special examinations are made from time to time as required.

The detailed figures of the number of children inspected are given in Table VI.

FINDINGS OF MEDICAL INSPECTION.

Elementary Schools.

Table II shows the number of defects discovered during routine and special examinations which were referred for treatment or required to be kept under observation.

Of 6,587 children examined at the routine medical inspections, 831 (12·6%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental defects) which required treatment, and 1,400 (21·2%) from defects requiring to be kept under observation. For the previous year the corresponding percentages were 8·2% and 25·1% respectively.

The number and percentage of children in each age and sex group with such defects is shown in the following table :—

	Number examined.	Number referred for treatment or for observation.	Percentage referred.
*Entrants—Boys	1042	272	26.0
Girls	1000	260	26.0
Intermediates—			
Boys	1275	512	40.1
Girls	1272	500	39.3
Leavers— Boys	991	319	32.1
Girls	1007	368	36.5
All Ages—Boys	3208	1103	33.3
Girls	3279	1128	34.4

*Vision only tested where reason to suspect defect.

The following table shows the percentage of defects referred for treatment or for observation per 100 children examined during the past five years.

Incidence of defects (excluding uncleanliness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined.

	1924	1925	1926	1927	1928
Referred for treatment	13.29	11.23	10.42	8.10	13.58
Referred for observation ...	23.63	23.67	33.75	26.93	21.79
Total	36.92	34.90	44.17	35.03	35.37

The chief defects for which children were referred for treatment or for observation during 1928 were :—(The corresponding figures for 1927 are shown in brackets); External Eye Diseases, 1·0% (0·8%); Defective Vision and Squint, (Intermediates and Leavers only), 22·3% (20·0%); Ear Disease or Defect, 1·6% (0·6%); Throat and Nose Defects, 7·6% (11·8%); Diseases of Heart and Circulation, 1·8% (1·9%); Lung Disease (Non-Tubercular), 2·0% (1·7%); Tuberculosis, 1·1% (0·6%); Malnutrition, 1·3% (1·6%).

The most common *External Eye Diseases* found are Blepharitis and Conjuncitivis. Corneal Opacities—usually resulting from ophthalmia neonatorum or measles in infancy—have noticeably diminished in recent years.

Visual Defects requiring treatment were found in 7·1% of the children in the intermediate age group and in 5·6% of leavers. In addition 14·0% of intermediates and 14·4% of leavers were referred for further observation. The latter, however, include children who have already received treatment as these are re-examined periodically so that spectacles may be altered when necessary.

Throat and Nose Defects. Enlarged Tonsils and Adenoids (either alone or together), still form the largest number found (6·7% of all routine children examined). In only 1·4%, however, was the condition sufficiently severe to require operative treatment. Regarding the latter it is surprising that one still finds cases that have been operated on once and still require further operation. The only satisfactory operation is a complete removal of the tonsils and any adenoids present. Cutting—as distinct from removal—of the tonsils, without complete removal of any adenoids present, may give temporary relief but cannot be considered a satisfactory cure for the defect.

Amongst *Skin Diseases* the most common condition found is Impetigo. This disease which can so readily be checked in its early stages is unfortunately too often neglected by parents. It spreads rapidly if neglected and is easily transmissible to other children. Painting with iodine or the application of a suitable ointment when the first spots appear would save a great deal of time and money spent in healing the disease in its later stages.

At routine inspections 31 cases of *Defective Hearing* and 65 cases of *Active Middle Ear Disease* were discovered, but amongst special cases examined it was found necessary to refer 35 cases of Defective Hearing and 375 cases of Middle Ear Disease for treatment.

Taken as a whole the *Nutrition* of the children was found to be very good. Amongst routine examinations only 53 were considered to be in need of special attention and only 35 were referred for further observation. The numbers of cases requiring to be referred for treatment or for observation owing to *Anaemia* were also small, being only 48 and 30 respectively of those coming up for routine inspections.

The improvement noticed in recent years in regard to the *Cleanliness* of the children is still being maintained, the percentage of children found verminous having fallen from 13·3% in 1920

to 5·8% in 1927 and 4·7% in 1928. In no case during the year was compulsory cleansing necessary.

The number of cases in which *Defective Clothing* was noted amongst the routine age groups was 241 (3·6%) and *Defective Footgear* was noted in 24 (0·3%) cases. The corresponding percentages for the previous year were 3·1% and 0·4% respectively.

The incidence of special defects is dealt with later in the report.

Re-examinations: The following table gives the number of re-examinations carried out by medical officers during the year, and the results found at these re-examinations :—

Number of Children re-examined	5073	
Total re-examinations	9477	
Number found remedied	1452	(15.3%)
Number found improved	3949	(41.6%)
Number found stationary	4044	(42.6%)
Number found retrograde	32	(0.3%)

Secondary Schools.

Of 710 children coming up for routine medical inspection, 62 (8·7%) were referred for treatment and 153 (21·5%) were suffering from defects, which, though not requiring immediate treatment, required to be kept under observation. The corresponding percentages for 1927 were 4·9 and 22·6.

The chief defects, for which treatment was considered necessary or further observation desirable, were—Defective Vision

or Squint, 19·0% ; Throat and Nose Defects, 5·7% ; Diseases of Heart and Circulation, 3·3% ; and Lung Diseases, 0·2%.

In addition to the routine inspections, 152 special cases were examined and 108 children previously found defective were re-examined.

The nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table VII.

MEDICAL TREATMENT.

Elementary Schools.

Table IV gives in detail and Table V in summary form the treatment obtained for the various defects referred for treatment during 1928. Table A gives the percentage of the children referred for treatment who have been treated each year since 1918, and Table B shows the number and percentage of cases treated in the four main classes of medical defects during the past 5 years.

From Table A it will be seen that the percentage of defective children treated for medical defects has increased from 67·2% to 94·6% in the last 10 years, whilst the percentage treated for dental defects has increased from 37·3% to 74·0%. Further, there has also been an increase during the same period of approximately 10,000 in the number of defective children recorded annually as having received treatment.

TABLE A.

Number of children referred for treatment and number and percentage treated in St. Helens during years 1918 to 1928.

		Number of children referred for treatment.	Children treated. Number	Per cent.
1918	Medical only	3504	2355 ...	67.2
	Dental	5059	1890 ...	37.3
	Total	8563	4245 ...	49.5
1919	Medical only	3355	2870 ...	85.5
	Dental	3090	1223 ...	39.5
	Total	6445	4093 ...	63.5
1920	Medical only	6886	6076 ...	88.2
	Dental	4493	2720 ...	60.5
	Total	11379	8796 ...	77.3
1921	Medical only	5753	5310 ...	92.2
	Dental	4906	2034 ...	41.4
	Total	10659	7344 ...	68.8
1922	Medical only	4454	3753 ...	84.2
	Dental	3518	2157 ...	61.3
	Total	7972	5910 ...	74.1
1923	Medical only	3597	3268 ...	90.8
	Dental	4275	2651 ...	62.0
	Total	7872	5919 ...	75.1
1924	Medical only	4849	4417 ...	91.0
	Dental	6211	4528 ...	72.9
	Total	11060	8945 ...	80.8
1925	Medical only	5301	4810 ...	90.7
	Dental	8025	6403 ...	79.7
	Total	13326	11213 ...	84.1
1926	Medical only	5776	5401 ...	93.5
	Dental	9105	5021 ...	55.1
	Total	14881	10422 ...	70.0
1927	Medical only	6334	5991 ...	94.5
	Dental	10807	6768 ...	62.6
	Total	17141	12759 ...	74.4
1928	Medical only	6829	6463 ...	94.6
	Dental	10493	7770 ...	74.0
	Total	17322	14233 ...	82.1

TABLE B.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1924 to 1928.

	1924	1925	1926	1927	1928
Minor Ailments—					
No. referred for treatment	1992	2439	3030	3379	3830
No. treated	1960	2403	2986	3349	3802
% treated	98.3	98.5	98.5	99.1	99.2
Visual Defects—					
No. referred for treatment	629	648	597	618	710
No. treated	391	477	459	551	639
% treated	62.1	73.6	76.8	89.1	90.0
Throat and Nose Defects—					
No. referred for treatment	604	543	573	627	639
No. treated	473	387	416	417	402
% treated	78.3	71.2	72.6	66.5	62.9
Other Medical Defects—					
No. referred for treatment	1624	1671	1576	1710	1650
No. treated	1593	1543	1540	1674	1620
% treated	98.1	92.3	97.7	97.8	98.1

During 1928 approximately 89% were treated under the schemes of the Local Authority.

Among children referred for treatment from routine medical inspections during the year, 54·3% of the defects were treated before the end of the year.

Secondary Schools.

Parents are notified in all cases in which treatment is required, and treatment is available at the School Clinic on the same terms as apply to children attending Elementary Schools. Of the 93 children referred for treatment for medical defects during the year, 66 (70·8%) were treated before the end of the year and of 463 children referred for dental treatment 272 (58·7%) were treated.

Approximately 23% of the defects treated were treated under the schemes of the Local Authority.

The detailed figures regarding the defects treated are given in Table IX and a summary of the treatment obtained is shown in Table X.

Provision of Treatment.

The arrangements by the Local Authority for treatment include a central clinic with minor ailment, dental, X-ray and eye departments ; district clinics for minor ailments and for dental treatment ; hospital provision for operations for enlarged tonsils and adenoids and other throat and nose affections ; orthopaedic clinic; and the use of other health services of the Corporation, e.g. Tuberculosis Dispensary and Sanatorium for tubercular cases and of the Borough Isolation Hospital for the cleansing of verminous children. Obstinate impetiginous conditions and serious external eye diseases are also occasionally admitted to the Peasley Cross Isolation Hospital as necessity arises.

Overcrowding at the Central Clinic in Claughton Street yearly becomes worse. In 1914 the number of children treated there was 1,717 and the total attendances were 7,341 ; in 1928 the number of children treated was 7,921 and the total attendances, 27,329. The present premises are much too small to deal with this number of children. Not only is the waiting room accommodation totally inadequate, but all departments are so cramped and congested that it is difficult to carry on the work efficiently.

At the District Minor Ailment Clinics at Derbyshire Hill, Sutton, and Sutton Manor, 1614 children made 20,275 attendances during 1928 for treatment by the nurse, the corresponding figures for 1927 being 1,220 children with 19,067 attendances.

Temporary sessions for the treatment of dental defects are held at Sutton, Sutton Manor, and Thatto Heath and during the year 1,778 children made 2,042 attendances for treatment at these centres.

District Clinics for minor ailments in the Thatto Heath District and for dental defects in the Derbyshire Hill district are now urgently required.

The operative treatment of tonsils and adenoids is carried out at one of the local hospitals and the children operated on are retained in hospital till the morning following the operation.

I am indebted to Mr. Ernest Allan, Ophthalmic Surgeon for the following review of the work of the Ophthalmic Clinic.

"Number of children dealt with during 1928 :

Cases for Refraction	568
Cases glassed	454
Cases not glassed	114
Old cases reviewed	134
Cases referred for observation	3
External eye diseases	34
Operations	2
Total Attendances	1113

Last year I said a few words about the cases which one meets at a clinic and commented on the work of the Clinic. The second year of the working of this Clinic has now passed and one will see from the figures that the total attendances during that year have been over 1,000, and naturally as the routine re-examinations fall due, this number will gradually increase. One will also notice that of the cases seen for refraction, roughly 100 have not been glassed, although on medical inspection their vision was found to be sub-normal. I should like to say a few words with regard to the reason why these cases have not been glassed.

In the first place some of these cases show a small error of refraction of not a progressive character, and their

vision to all intents and purposes is sufficiently good to allow them to take their place on the labour market. Unless they showed constitutional signs those cases were left unglassed. If any of these cases were going to take up a teaching career, or a university career, or office work of any description, the error would be corrected before leaving school. Where however, the error is very slight and not of a progressive character, and the child is going into the industrial world, it is better to do so without glasses. Roughly, the latter number totalled 22.

Again there were those whose vision was reduced but could not be improved by glasses on account of diffused corneal opacities, (the result of old inflammatory corneal trouble), or owing to lenticular changes or fundus trouble. This number totalled roughly 20. Such cases are particularly noted and reported to the school master so that they are brought to his notice and school work and homework made as easy as possible for them.

Then again there is another batch of cases,—those who have one perfectly good eye and the other eye suffering from a high degree of error. In a number of these cases, the bad eye is not even improved with glasses. In such cases, where the child does not complain of any ocular trouble, it is better to leave them unglassed as they are often the most difficult to get to wear glasses, because they see no obvious improvement, and they can see perfectly well without a glass for the good eye. Moreover, it is better for such children to enter the labour market without glasses, as the glasses would draw attention to a defect which is not materially improved. This number totalled roughly 12.

Then there was a number of cases of squinting eyes in whom the refractive error was small and glasses were of no use. These cases were noted for operation.

There was also a number of border line cases, such as those with a little residual hypermetropia. These cases might go into myopia in the future, and are put down for observation and will come up from year to year.

With regard to external eye diseases met with in St. Helens, I am glad to say, for an industrial area such as St. Helens, there are very few external eye diseases. The commonest is Blepharitis (sore eyelids) which is often an indication of some slight visual defect, and is brought about by the child having tired eyes and rubbing them more than usual. There was also a number of cases noted, of what is termed 'Xerophthalmia.' With this complaint the child often complains that he cannot see in the gloaming. This is not due to any defect in the eye itself, but to constitutional disturbances, signifying a run-down condition of the child. These cases are at once handed over to the nursing staff and appropriate treatment carried out, and in a short space of time they return to normal.

Although I have said that cases of sore eyes are not particularly common in St. Helens, I should like to say a word about how eye infection could be spread in schools. To my mind, there is no more fruitful mode of spreading eye infection than by the promiscuous use of towels, and where it is not possible to supply towels for each scholar, it should be a rule that towels should be used for hands only, and the washing of faces in school should be prohibited.

As the years go on, the eye cases in St. Helens will come up for routine re-examination, that is, the child of 5 will be kept under constant observation until it leaves school.

In conclusion, I would suggest that it would greatly facilitate the working of a school clinic if school teachers could be persuaded to hold a spectacle parade from time to time, and report cases of bent or cracked glasses to the

school officer, as in a large number of cases there is a good deal of harm done by children wearing glasses which are not fitting properly."

The following table shows the number of defects treated at the various clinics during the past five years, together with the total attendances :—

	1924	1925	1926	1927	1928
Minor Ailments	1,867	2,279	2,853	3,206	3,633
Visual Defects	317	391	385	474	568
Defects of Throat and Nose ...	110	124	165	168	240
Dental Defects	3,404	5,172	3,957	5,631	6,877
Crippling Defects	—	—	—	125	165
Other Defects	1,270	1,317	1,349	1,367	1,299
Total Number of Defects treated	6,968	9,283	8,709	10,971	12,782
Total Attendances	29,244	46,840	49,356	51,442	51,136

The parents of children treated pay according to the family income and the treatment provided. For the year ended the 31st March, 1929, £301 14s. 7d. has been recovered.

In addition, many weakly and debilitated children have been supplied with Cod Liver Oil Emulsion or Oil and Malt at a small charge, or free according to circumstances. This has been found a most useful provision, especially during the winter months.

The question of special provision for the specially defective child is dealt with under the headings dealing with exceptional children.

DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. Wilson, School Dentist, for the following report on the School Dental work.

"It is upon the teachers that success in this most vital department of our national health depends, for too often the School Dentist is like Christmas, and comes but once a year." This quotation is taken from the introduction to a small booklet entitled "Hygiene of the Mouth and Teeth" issued by the Dental Board of the United Kingdom—a book "primarily intended to help teachers to help those they teach to that best foundation for good learning, namely, good health."

St. Helens is in the fortunate position of having its Elementary Schools visited by a dental surgeon twice a year and all children from six to fourteen years of age inclusive are now examined. The total number examined during 1928 was 18,796 and 10,214 of these were found to be defective. The number of children re-inspected during the year was 15,609 and 7,897 of these required treatment. Of the children found defective at the re-inspections, approximately 20% of the defects had developed in the period of six months between the inspections, thus clearly showing the need for frequent examinations. The average number inspected per session was 187, a decidedly good average, made possible only by the valuable assistance given by the teachers.

Dental disease in its early stages causes no symptoms and it is only the dentist who can detect it at its commencement. Treatment at this stage is of the utmost importance as it causes the minimum discomfort to the patient yet gives effect of a permanent value. If treatment is withheld for a period of twelve months a large number of teeth would have to be extracted and the chances of saving the others would become much more remote.

Of the total number of children found to be defective, 6,834 (66·9%) received treatment at the clinics. This percentage is steadily rising (54·8% in 1927, 46·4% in 1926) showing that the importance of a healthy mouth is becoming more fully realised.

The number of consents for treatment received for children attending the various schools differs considerably. This is shown by the fact that at some schools the percentage of children requiring treatment at the re-inspections is low, while at others it is comparately high. This figure varies from 40% to 70%. It has been found that the head teachers of schools showing the best figures are the most enthusiastic regarding dental treatment. In these schools every help is given in inducing the children and parents to obtain the necessary treatment, and this advice and encouragement coming from the teachers themselves bears considerably more weight than that given by "outsiders".

Treatment carried out during the year included 2,942 permanent fillings and the extraction of 2,123 permanent teeth. Both these figures show an increase on those of the previous year which were 2,280 and 1,977 respectively, but I would like to draw attention to the fact that whereas the extractions were increased by 146, the fillings increased by 662, showing that a larger proportion of the defective permanent teeth were saveable. This is of importance as indicating, firstly, that more children are attending for treatment in the early stages of dental disease than formerly and, secondly, that parents understand the importance of conservative treatment to a larger extent. It must not be thought that all the permanent extractions were carried out because these teeth were unsavable. Certain of them were removed because of overcrowding so that the remaining teeth would assume a more regular position and thus be less liable to caries in the future.

The number of children receiving treatment at the district clinics continues to be very satisfactory. The

temporary clinic serving the Thatto Heath area, which was opened at the beginning of the year, has quite justified the expense and work incurred. The number of attendances for treatment at this centre was 867—a very good figure for the first year.

With regard to the Secondary School children, 845 were examined during the year and of the 442 found to be defective, 43 were treated at the clinic and 212 privately."

Detailed figures regarding inspection and treatment carried out by the school dental surgeons are given in Table IV (Group IV) for Elementary Schools and Table IX (Group IV) for Secondary Schools.

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

As mentioned in previous reports the school nurses are also health visitors, so that through their work under the Public Health Service they know the child's early history and the home conditions. This is of great assistance to the School Medical Service and saves much duplication of work. Without the school nurse much of the value of the service would be lost, and the following figures give some idea of the work done by them during the year.

1. Assisting the medical officers at the medical inspection of school children. During the year, 289 sessions were devoted to school medical inspection, and at these sessions 11,080 children were examined and 7,471 children previously found defective were re-examined.

   Preparing for the above inspections, the health visitors made 350 visits to schools for the purpose of weighing and measuring the children and testing their eyesight.

2. Arising out of these inspections, 6,790 children were referred for treatment or for further observation, and in the following up of these, 3,076 home visits were paid by health visitors for the purpose of advising parents.

3. Assisting the medical officers at the inspection clinic held twice weekly at the Town Hall. During 1928, 3,615 attendances were made by children to the inspection clinic.

4. Examining all children in schools with respect to cleanliness. 59,960 inspections were made during the year, and 2,790 notices were issued for dirty or verminous conditions.

5. Visiting each school at least once weekly (more frequently during outbreaks of infectious disease) for a general survey of the condition of the children and to confer with the teachers on any questions regarding the health of the children. 5,644 visits were paid during 1928 for this purpose.

6. Reporting on cases referred to the school medical department by the school attendance department, teachers, etc., regarding absences from school or sick children not receiving medical attention. During 1928, this involved 9,484 home visits.

7. Treating minor ailments among school children. During 1928, 3,633 children made 41,607 attendances for treatment.

8. Assisting the ophthalmic surgeon in the treatment of eye defects. During the year, 568 children made 1,113 attendances for this purpose.

9. Assisting the X-Ray specialist in the treatment of ringworm or other conditions requiring X-ray treatment. 9 cases made 26 attendances during 1928.

INFECTIOUS DISEASE.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table which also gives the corresponding figures since 1924 :—

	1924	1925	1926	1927	1928
Scarlet Fever	75	158	72	123	794
Diphtheria	22	54	47	58	81
Measles	1361	821	643	1112	679
Whooping Cough	83	291	104	175	249
Chicken Pox	230	417	380	194	387
Mumps	1400	59	629	541	17
German Measles	—	132	3	2	84

From the point of view of prevalence of infectious diseases, the year 1928 must be considered an unhealthy year.

Measles which had been present in epidemic form during 1927, continued in prevalence into the spring of 1928 and persisted in smaller numbers throughout the remainder of the year.

In September a severe epidemic of Scarlet Fever commenced and persisted into the spring of the current year. Fortunately the type of disease was mild but the absences from school of actual cases and contacts seriously affected the school attendances during the last quarter of the year.

Whooping Cough and Chicken Pox were also prevalent throughout the year—the former particularly in the first quarter of the year and the latter in the last quarter.

It says much for the general health of the school children that despite the loss of attendances caused by these infectious diseases the percentage attendance at the schools only fell from 90·3% in 1927 to 89·9% in 1928.

EXCLUSION OF CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE.

(Revised April, 1925).

DISEASE	Incubation Period	Exclusion of Patient	Exclusion of other children in the house.	
		Period of Exclusion	Children involved	Period of exclusion
DIPHTHERIA	2—10 days	Until two successive negative swabs have been obtained from nose and throat and not less than fourteen days after discharge from hospital or release from isolation.	Exclude—all children	Until negative swabs have been obtained from the nose and throat and not less than fourteen days from date of disinfection of premises after removal of patient to hospital, or in the case of patients treated at home ten days after disinfection of premises.
SCARLET FEVER	1—8 days	Until not less than fourteen days after discharge from hospital or release from isolation. Isolate one month at least and until child is free from all discharges.	Exclude—all children	Until not less than seven days after disinfection of premises.
MEASLES	7—14 days	Three weeks from date of appearance of rash	Exclude (1) *All* children attending an infant Dept. (2) all *other* children who have not had the disease	Three weeks from date of *onset* of last case in house.
GERMAN MEASLES	5—21 days	One week from date of appearance of rash	Exclude—as in Measles	Three weeks from date of contact with patient with rash.
WHOOPING COUGH ...	6—18 days	Until six weeks from commencement of cough	Exclude—Child attending Infant Dept. only.	Six weeks from date of last case. in house.
MUMPS	12—23 days	Until one week after subsidence of swelling	Exclude none... ...	—
CHICKEN POX	11—21 days	Until all scabs have fallen off and not less than three weeks from commencement of illness... ...	Exclude—as in Measles	Three weeks from date of last exposure to infection.
SMALL POX	10—14 days usually 12	Until all scabs and " seeds " have disappeared and not less than six weeks from commencement of illness	Exclude—Unvaccinated children only. ...	Sixteen days from date of last exposure to infection.

During the year ending 31st March, 1929, no schools were closed because of infectious diseases, but in 26 departments for an aggregate of 76 weeks the percentage attendance fell below 60%.

Before a child who has suffered from any of the infectious diseases is permitted to return to school, the nurse pays a visit to the home and ascertains if the child is fit and free from infection

The minimum periods of exclusion for patients and contacts are shown on the accompanying Table.

TUBERCULOSIS.

At the end of 1928, there were in St. Helens 236 children of school age suffering from the following forms of Tuberculosis :

Pulmonary	87
Non-Pulmonary :—	
Bones and Joints	45
Peripheral Glands	63
Abdominal	22
Skin	13
Others	6
	236

84 children were referred during the year by school medical inspectors for further observation for suspected phthisis.

Cases of notified tuberculosis amongst children attending school and school children contacts of pulmonary tuberculosis are reported by the Tuberculosis Officer to the School Medical Department, and are kept under constant observation by the medical officers of the schools.

The treatment provided for these children is by private practitioners, tuberculosis dispensary, school clinic, orthopaedic clinic, sanatoria or hospitals. During the year 268 children made 1,027 attendances at the Tuberculosis Dispensary for examination, observation or treatment ; 21 children made 319 attendances for X-ray treatment of tubercular glands or lupus ; 41 children suffering from tubercular bones or joints made 95 attendances to see the orthopaedic surgeon and 278 attendances for intermediate treatment at the orthopaedic clinic ; 6 children with surgical tuberculosis were maintained at Leasowe Hospital for 1,360 days ; and 66 children spent an aggregate of 8,783 days in Eccleston Hall Sanatorium.

As the majority of the cases in hospitals and sanatoria remain there for prolonged periods, provision is made for education as well as for treatment.

At the Eccleston Hall Sanatorium out of 58 children of school age who have been in the Sanatorium during the year, 54 attended the class for various periods. The average daily attendance was 17, and the average number of days each child attended, 129.

EXCEPTIONAL CHILDREN.

Crippled Children.

The Orthopaedic Scheme in St. Helens is a combined scheme embracing the Maternity and Child Welfare, the Tuberculosis, and the School Medical Services. By thus commencing at the earliest ages, it is hoped that much avoidable crippling will be prevented by the discovery and treatment of cases in the early stages.

During 1928, 165 non-tubercular cripples of school age were dealt with under the School Medical side of the scheme. These were as follows :—

Infantile Paralysis	42
Other Forms of Paralysis	29
Congenital Deformities	15
Rickets	39
Traumatism	12
Miscellaneous	28
	165

The treatment provided involved 280 attendances for consultation or treatment by the orthopaedic surgeon, 1,210 attendances for intermediate treatments by the nurse, and 385 home visits by the nurse for purposes of supervision or for making arrangements for admission to hospital. In addition, 13 cases received surgical or other hospital treatment for an aggregate of 866 days.

During the year 7 children were discharged from the clinic as cured, 1 was transferred to the Tuberculosis side and 37 ceased to attend the clinic, leaving 120 children still under treatment at the end of the year.

In addition to the above non-tubercular cases, there were also treated at or in connection with the Orthopaedic Clinic 41 children of school age in whom the crippling was due to tuberculosis. These cases are referred to in that section of the report dealing with tuberculosis.

The supply and repair of all splints and appliances is undertaken by the St. Helens Cripple and Invalid Children's Aid Society who also give invaluable assistance in the supply of extra nourishment and clothing when required. They also provide, by means of a small part-time voluntary school, educational facilities for those cripples who are unable to attend an ordinary school.

At the end of 1928, there were in St. Helens 228 children of school age suffering from various degrees of crippling deformities due to the following causes :—

Surgical Tuberculosis	41
Infantile Paralysis	50
Rickets	47
Congenital Deformities	34
Traumatism	14
Miscellaneous	42
	228

Delicate and Pre-Tubercular Children.

With the opening of the new Hamblett Open-Air Council School there has now been provided a long felt necessity for the saving of the delicate and pre-tubercular child. These children are not suffering from any particular defect which can be remedied by medical treatment. They are, rather, children whose general health and constitution are persistently below par. Many of them come from tuberculous families ; others are the result of bad parental health ; and some result from bad home circumstances in the earliest years of life. They attend the ordinary school very irregularly ; they cannot stand the strain of the ordinary school curriculum, and owing to their weakly and debilitated condition are a constant prey to various children's ailments. The result is that these children finish school life with what must be considered a very patchy education and, what is far more serious, pass out into civil life with constitutions that cannot stand up to the present day struggle for existence. For these children education in an Open-Air School such as has now been provided is the only hope. It is too early yet to speak from personal experience in St. Helens but, from the knowledge of the wonderfully beneficial effects obtained in similar schools, there can be no doubt that with the opening of the present school a great advance has been made in the care of the school child.

I am indebted to Mr. Hartley, Secretary for Education, for the following notes on the School Buildings and the work of

the school :—

" Situated in Rainford Road just outside the borough boundary the present site was chosen as being ideal in every respect. The ground slopes slightly towards the south and overlooks the Eccleston valley, whilst there is fine belt of trees on the northern side.

The Buildings are divided into three main groups— Administration, Class rooms, and Rest Shed. They are all set well back from the road to avoid dust and noise of traffic and approached by a shrub-lined grass edged path. Owing to the sloping site a level plateau has been formed on which the buildings are placed finishing at the front with a grass planted bank and at the rear with the bank formed into a rockery in which Alpine rock plants have been planted.

The total accommodation of the School is 120. The Administration block consists of a dining room and kitchen with necessary equipment and adjuncts for providing meals ; head teachers' and staff rooms ; Bath room with spray baths to accommodate 10 children at one period, together with two slipper baths ; separate entrances for boys and girls with cloak rooms and lavatories in connection with same.

The shower baths and lavatory basins are provided with hot and cold water with automatic mixing valves to supply the water to any desired temperature.

The cloak rails are heated and have divisions of wire to keep the children's clothes apart.

The lavatories have numbered hooks on which each child will have a bag containing tooth brush and toilet requisities.

Heated blanket stores are provided for the storage of blankets required for the midday siesta.

The classrooms are isolated and planned in echelon form, each placed directly North and South. The site to the North which is occupied by the blackboard and teaching space is a solid wall. The remaining three sides are filled in with sliding windows so as to enable any or all of the three sides to be completely opened as desired, according to the state of the weather and the direction from which the wind is blowing.

The rest shed is placed on the higher level, the rear walls and ends being closed with front open to the South. The purpose of the rest shed is to provide accommodation for the whole of the children to rest on trestle beds before and after their midday meal.

The building has been designed on simple well grouped lines suitable for and to fit in with its rural surroundings and to express the openness of its purpose. It is faced with St. Helens Rustic Bricks pointed with grey joint and roofed with variegated cold red tiles.

The woodwork is left in its natural state stained brown.

The windows to dining room and classrooms are glazed with the new health giving VITA glass.

The floors of the dining room, staff rooms and class rooms, are laid with maple wood blocks ; corridors, bath-rooms, etc., with granolithic.

The walls internally are finished with a Keene's cement dado and plastered above to receive in due course appropriate decoration.

The buildings are heated throughout with hot water by pipes and radiators on the hot water low pressure system.

The buildings are lighted throughout by electricity with fittings to avoid shadows and glare.

The remedies provided by the school are abundant fresh air, sunshine, good food, exercise, rest, baths, a modified school curriculum, small classes and regular medical supervision. The children will be selected by the school medical officer and it should be borne in mind that the school is a school and not a sanatorium or convalescent home. The school will be open throughout the year and school hours will be 8-15 a.m. to 5-0 p.m. There will be a special curriculum including more handwork and craftwork than is usual and scholars will spend as much time as possible in the open air. At the school the children will receive breakfast (hot porridge and milk) ; a hot meal at mid-day, with rest immediately before and after ; and tea consisting of hot milk, bread and butter, jam or cake. The ample site of five acres provides generous space for garden cultivation and it is hoped ultimately to combine interest and utility in producing a goodly portion of the vegetables required for the mid-day meals. Parents will be required to contribute towards the cost according to their means."

Blind, Deaf and Epileptic Children.

The total number of these children in the area is given in Table III. During the year, 1 deaf and dumb, 1 epileptic, and 3 blind children were sent to special residential schools and the Local Authority is at present maintaining 1 epileptic, 13 blind, and 7 deaf and dumb children in these special schools.

Mentally Defective Children.

There are no special schools or classes for the mentally deficient in St. Helens, and, out of the 86 feeble-minded (but educable) children in the borough, only 5 are at present maintained at special residential schools. Of the remaining 81 who should

be receiving special education, 80 are attending ordinary classes in the Public Elementary Schools.

Of the ineducable children (i.e. those who are so defective as to be unable to benefit by educational efforts in a special school, or cannot be so educated without detriment to other children). 5 imbeciles and 2 idiots were notified to the Local Control Authority during the year.

After notification, responsibility for these children rests with the Local Control Authority, which for this area is the Lancashire Asylums Board.

After Care.

I would again refer to the urgent need in St. Helens of a scheme for the after-care of the exceptional child. It must be recognised that even after educational training in special schools the majority of these children are physically, mentally or educationally below the standard of the normal child entering the labour market. If left to themselves many enter unsuitable occupations only to break down later, or owing to their handicap they fail completely to find useful employment. This means a great waste of the special care which has been bestowed upon them during school life. The average cost of education in a special school is approximately four times per head greater than in an ordinary day school. Further, without a useful occupation many are bound ultimately to become a charge on the rates. I would suggest, therefore, that apart from health and humanitarian standpoints, it is sound economics to do more for these children. Some, e.g., the blind, some cripples and to a lesser extent the deaf and dumb, require special technical or vocational training after their schooling is finished before they can be usefully employed. It is to be regretted that after the age of 16 years this cannot be made compulsory, but Education Authorities have power to pay for such training, and for those who are willing every facility should be available. Other children do not require such additional training but only require help and guidance in choosing an occupation

suitable to their disability and some supervision for the first few years after leaving school.

A Voluntary After-care Committee working in conjunction with the Education Committee and the Juvenile Employment Committee could do much to help both classes of these children.

PHYSICAL TRAINING.

Physical training is carried on as part of the curriculum in each school. Physically defective children are frequently reviewed by the medical officers as to their ability to undertake the training.

PROVISION OF MEALS.

Breakfasts and dinners are provided seven days a week at the centres at the Windle Pilkington, Arthur Street, Merton Bank, Robins Lane, and Thatto Heath Schools, and on five days a week at the centres at Sutton Manor, Parr Flat, Allanson Street, and Sutton. Dinners only are provided at the centre at the Higher Grade School. The meals are prepared and served at the centres by paid attendants.

The total number of meals served during the year was 425,204, of which 414,700 were provided free.

The total number of individual children receiving free meals was 998, and the number who paid for meals was 81.

The average total cost per meal was 2·38 pence, of which 1·53 pence was for food only.

Apart from the provision of meals by the Local Authority, arrangements have been made by the Head Teachers of many departments for the supply during the forenoon session of a glass of malted milk. This has been very popular with the children, and teachers are enthusiastic regarding the beneficial results obtained. A small charge is made for the milk and the schemes are all self-supporting.

CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Though parents in all cases are invited to attend the routine inspections the attendance is never high.

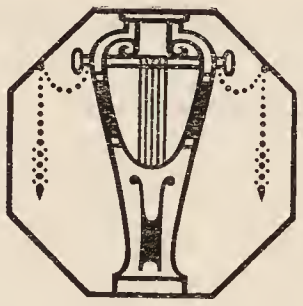
I would again express my indebtedness to the Teachers for their co-operation and interest in School Medical Work. A large amount of the success of the School Medical Service must be attributed to their interest and influence.

By arrangement with the School Attendance Department, all cases of children reported absent on alleged medical grounds, cases of unduly prolonged absence, and children absent for medical reasons but apparently not receiving the necessary treatment, are notified to the School Medical Officer, who investigates the case and returns a report to the School Attendance Officer. During the year, 438 such cases have been investigated and reported on.

CO-OPERATION WITH VOLUNTARY BODIES.

A large amount of assistance has been given by the various voluntary organisations in the town and close co-operation exists between these bodies and the School Medical Service. The National Society for Prevention of Cruelty to Children, in dealing with

cases of neglect ; The St. Helens Invalid and Crippled Children's Aid Society, in dealing with cripples ; The St. Helens and District Society for the Welfare of the Blind, in dealing with blind children ; The St. Helens Fresh Air Fund, in sending children to convalescent homes ; The St. Helens Police Clothing Fund for Destitute Children, in grants of clothing or clogs ; and The St. Helens Juvenile Organisation Committee, in organising evening play centres ; have all rendered valuable assistance in maintaining and improving the health of the school child.



STATISTICAL TABLES

FOR THE YEAR 1928.

ELEMENTARY SCHOOLS—Tables I to V.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections	
Entrants	2042
Intermediate	2547
Leavers	1998
Total	6587
Number of other Routine Inspections	Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	5801
Number of Re-Inspections	9477
Total	15278

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1928.

DEFECT OR DISEASE		Routine Inspections — No. of Defects		Special Inspections — No. of Defects.	
		Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		53	35	173	152
Uncleanliness :—(*See* Table IV., Group V.)					
Skin	Ringworm—Scalp	—	—	8	—
	Ringworm—Body	1	—	19	—
	Scabies	—	—	50	—
	Impetigo	35	1	1275	—
	Other Diseases (Non-Tuberculous)	6	9	219	16
Eye	Blepharitis	48	8	53	11
	Conjunctitivis	5	1	84	4
	Keratitis	—	—	2	—
	Corneal Opacities	—	4	1	6
	Defective Vision (excluding Squint)	280	623	302	1010
	Squint	59	55	69	206
	Other Conditions	—	4	406	9
Ear	Defective Hearing	17	10	35	26
	Otitis Media	49	11	375	67
	Other Ear Diseases	17	2	31	2
Nose and Throat	Enlarged Tonsils only ...	31	92	89	195
	Adenoids only	25	40	70	87
	Enlarged Tonsils and Adenoids	39	219	102	201
	Other Conditions	32	28	251	90
Enlarged Cervical Glands (Non-Tuberculous)		17	52	47	57
Defective Speech		—	8	1	25
Teeth—Dental Diseases (Inspections by Medical Officers only)		360	7	240	58
Heart and Circulation	Heart Disease —Organic ...	3	9	2	21
	Functional	2	31	1	4
	Anæmia	48	30	131	144
Lungs	Bronchitis	32	85	145	89
	Other Non-Tuberculous Diseases	5	12	203	7
Tuberculosis	Pulmonary—Definite ...	6	—	71	2
	Pulmonary—Suspected ...	21	18	26	18
	Non-Pulmonary—Glands ...	8	7	58	19
	Spine	2	—	8	1
	Hip	2	1	6	1
	Other Bones and Joints	3	1	9	3
	Skin	3	—	10	—
	Other Forms	2	2	13	16
Nervous System	Epilepsy	1	6	4	7
	Chorea	1	—	11	2
	Other Conditions	—	2	33	8
Deformities	Rickets	10	7	15	9
	Spinal Curvature	1	—	1	3
	Other Forms	8	1	32	11
Other Defects and Diseases		23	22	354	64

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
(1)	(2)	(3)	(4)
CODE GROUPS—			
Entrants	2042	252	12.34%
Intermediates	2547	359	14.09%
Leavers	1998	220	11.01%
Total (Code Groups)	6587	831	12.61%
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind).	(*i*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	6	7	13
		Attending Public Elementary Schools	—	1	1
		At other Institutions ...	1	—	1
		At no School or Institution...	—	1	1
	(*ii*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools	10	12	22
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Deaf (including deaf and dumb and partially deaf).	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	4	4	8
		Attending Public Elementary Schools	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools	2	—	2
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	2	3	5
		Attending Public Elementary Schools	41	39	80
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Notified to the Local Control Authority during the year.	Feebleminded	—	—	—
		Imbeciles	1	4	5
		Idiots...	—	2	2
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	—	1	1
		In Institutions other than Certified Special Schools...	—	—	—
		Attending Public Elementary Schools	2	2	4
		At no School or Institution...	—	—	—
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	5	1	6
		At no School or Institution...	—	—	—

TABLE III.—(continued).

			Boys	Girls	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	—	2
		At other Institutions ...	—	—	—
		At no School or Institution...	1	2	3
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	6	9
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	8	10	18
		At other Institutions ...	—	—	—
		At no School or Institution...	1	3	4
	Delicate children (*e.g.*, pre- or latent tuberculosis, malnutrition debility, anæmia, etc.)	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	103	152	255
		At other Institutions ...	—	3	3
		At no School or Institution...	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	7	5	12
		At Public Elementary Schools	24	20	44
		At other Institutions ...	—	—	—
		At no School or Institution...	1	1	2
	Crippled Children (other than those with active tuberculous disease) *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	2	—	2
		At Certified Residential Crippled Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	97	88	185
		At other Institutions ...	5	8	13
		At no School or Institution...	—	1	1

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1928.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT	Number of Defects referred for Treatment	Number of Defects treated or under treatment during the year.		
		Under the Authority's Scheme	Otherwise	Total
SKIN—Ringworm, Scalp	8	4	4	8
Ringworm, Body	20	16	4	20
Scabies	50	50	—	50
Impetigo	1310	1282	26	1308
Other Skin Disease	225	210	12	222
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).	599	559	37	596
MINOR EAR DEFECTS	524	420	84	504
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.)	1094	1090	4	1094
Total	3830	3631	171	3802

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

DEFECT OR DISEASE	Number of Defects referred for Treatment	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise	Total
Errors of Refraction (including Squint	710	542	38	59	639
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	—	—	—	—	—
Total	710	542	38	59	639

Total number of children for whom spectacles were prescribed—

(*a*) Under the Authority's Scheme 431

(*b*) Otherwise 42

Total number of children who obtained or received spectacles—

(*a*) Under the Authority's Scheme 431

(*b*) Otherwise 41

Group III.—Treatment of Defects of Nose and Throat.

Number referred for Treatment	Number of Defects.				
	Received Operative Treatment			Received other forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
639	238	46	284	118	402

Group IV.—Dental Defects.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Routine Age Groups	5—1436		
	6—2309		
	7—2401		
	8—2309		
	9—1712		
	10—2350	Total	18059
	11—1680		
	12—1659		
	13—1739		
	14— 464		
Specials	737		
Grand Total ...			18796

(*b*) Found to require treatment 10214

(*c*) Actually treated 6834

(*d*) Re-treated during the year as the result of periodical examination 414

(2) Half-days devoted to :—

Inspection	180		
Treatment	1026	Total	1206

(3) Attendances made by children for treatment ... 8035

(4) Fillings :—

Permanent teeth	2942		
Temporary teeth	648	Total	3590

(5) Extractions :—

Permanent teeth	2123		
Temporary teeth	12995	Total	15118

(6) Administrations of general anæsthetics for extractions 1262

(7) Other Operations :—

Permanent teeth	603		
Temporary teeth	1371	Total	1974

Note :—In addition to these inspections, 15609 children were re-inspected during the year, and of them, 7897 were found to require treatment.

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses...	91
(ii.) Total number of examinations of children in the Schools by School Nurses	59252
(iii.) Number of individual children found unclean	2790
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil
(v.) Number of cases in which legal proceedings were taken :	
(*a*) Under the Education Act, 1921	Nil
(*b*) Under School Attendance Byelaws	Nil

TABLE V.

Summary of Treatment of Defects.

DISEASE OR DEFECT	NUMBER OF DEFECTS			
	Referred for Treatment	Treated		
		Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	3830	3631	171	3802
Visual Defects	710	542	97	639
Defects of Throat and Nose	639	238	164	402
Dental Defects { Referred by Dentist	9893	6513	849	7362
Dental Defects { „ School M.O.	600	321	87	408
Other Defects	1650	1460	160	1620
Total	17322	12705	1528	14233

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age	3	—	1		
	4	—	4		
	5	—	22		
	6	—	8		
	7	—	30		
	8	—	41		
	9	—	25		
	10	—	37		
	11	—	93		
	12	—	80		
	13	—	91		
	14	—	87		
	15	—	71		
	16	—	65		
	17	—	37		
	18	—	17		
	19	—	1		
				Total ...	710

B.—OTHER INSPECTIONS.

Number of Special Inspections	152
Number of Re-inspections	155
Total ...	307

TABLE VII.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1928.

DEFECT OR DISEASE	Routine Inspections — No. of Defects		Special Inspections — No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	2	—	2
Uncleanliness— (*See* Table IV., Group V.)	—	—	—	—
SKIN — Ringworm—Scalp	—	—	—	—
SKIN — Ringworm—Body	—	—	—	—
SKIN — Scabies	—	—	—	—
SKIN — Impetigo	—	—	—	—
SKIN — Other Diseases (Non-Tuberculous	—	1	—	1
EYE — Blepharitis	1	—	2	1
EYE — Conjunctivitis	1	—	—	1
EYE — Keratitis	2	—	—	—
EYE — Corneal Opacities	1	—	—	—
EYE — Defective Vision (excluding Squint)	39	96	16	66
EYE — Squint	—	—	—	1
EYE — Other Conditions	—	—	—	—
EAR — Defective Hearing	1	—	1	—
EAR — Otitis Media	—	—	—	—
EAR — Other Ear Diseases	1	—	—	1
NOSE AND THROAT — Enlarged Tonsils only	4	21	5	19
NOSE AND THROAT — Adenoids only	3	2	—	3
NOSE AND THROAT — Enlarged Tonsils and Adenoids	2	4	1	9
NOSE AND THROAT — Other Conditions	—	5	—	5
ENLARGED CERVICAL GLANDS (Non-Tuberculous	1	26	—	15
DEFECTIVE SPEECH	—	—	—	1
TEETH — Dental Diseases (Inspections by Medical Officers only).	21	2	7	5
HEART & CIRCULATION. — Heart Disease—Organic	—	3	—	1
HEART & CIRCULATION. — Heart Disease—Functional	—	3	—	—
HEART & CIRCULATION. — Anæmia	4	14	—	1
LUNGS — Bronchitis	2	—	—	1
LUNGS — Other Non. T.B. Diseases	—	—	—	2
TUBERCULOSIS — Pulmonary—Definite	—	—	—	—
TUBERCULOSIS — Pulmonary—Suspected	1	—	—	—
TUBERCULOSIS — Non-Pulm.—Glands	—	1	—	2
TUBERCULOSIS — Non-Pulm.—Spine	—	—	—	—
TUBERCULOSIS — Non-Pulm.—Hip	1	—	—	2
TUBERCULOSIS — Non-Pulm.—Other Bones & Joints	—	—	—	—
TUBERCULOSIS — Non-Pulm.—Skin	—	—	1	—
TUBERCULOSIS — Non-Pulm.—Other Forms	—	—	1	—
NERVOUS SYSTEM — Epilepsy	—	—	—	—
NERVOUS SYSTEM — Chorea	—	—	—	—
NERVOUS SYSTEM — Other Conditions	—	1	1	—
DEFORMITIES — Rickets	—	—	—	—
DEFORMITIES — Spinal Curvature	—	—	—	1
DEFORMITIES — Other Forms	—	—	—	—
OTHER DEFECTS AND DISEASES	1	1	—	2

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
Total (all ages)	710	62	8.73%
Other Routine Inspections	Nil	Nil	Nil

TABLE VIII.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
	Delicate children (*e.g.*, pre- or latent tuberculosis, malnutrition debility, anæmia etc.)	At Certified Residential ... Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Secondary Schools ...	4	3	7
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
Physically Defective	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Secondary Schools ...	1	1	2
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Crippled Children (other than those with active tuberculous disease) *e.g.*, children suffering from paralysis, etc., and including those with severe heartdisease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Secondary Schools ...	2	1	3
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—

TABLE IX.

Return of Defects Treated during the Year ended 31st December, 1928.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT (1)	Number of Defects treated, or under treatment during the year.			
	Number of Defects referred for Treatment (2)	Under the Authority's Scheme (3)	Otherwise (4)	Total (5)
SKIN—Ringworm, Scalp	—	—	—	—
,, Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Skin Disease	—	—	—	—
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II.)	7	2	5	7
MINOR EAR DEFECTS	3	—	3	3
MISCELLANEOUS— (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	—	—	—	—
Total	10	2	8	10

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE	Number of Defects referred for Treatment	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital. apart from the Authority's Scheme.	Otherwise	Total
(1)	(2)	(3)	(4)	(5)	(6)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ...	55	26	12	—	38
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—	—
Total ...	55	26	12	—	38

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme 23
(*b*) Otherwise 6

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme 23
(*b*) Otherwise 6

Group III.—Treatment of Defects of Nose and Throat.

Number referred for Treatment	NUMBER OF DEFECTS.				
	Received Operative Treatment.				
	Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total	Received other forms of Treatment	Total number treated.
15	2	3	5	2	7

Group IV.—Dental Defects.

(1) Number of children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups

5	—	7	14	—	98
6	—	26	15	—	68
7	—	36	16	—	85
8	—	35	17	—	26
9	—	36	18	—	13
10	—	37	19	—	2
11	—	73			
12	—	131	Total		828
13	—	155			

Specials 17

Grand Total 845

(*b*) Found to require treatment ... 442

(*c*) Actually treated 43

(*d*) Re-treated during the year as the result of periodical examination Nil

(2) Half-days devoted to :—
Treatment 12
Inspection ... ... 6 Total 18

(3) Attendances made by Children for treatment ... 58

(4) Fillings :—
Permanent Teeth ...34
Temporary Teeth 3 Total 37

(5) Extractions :—
Permanent Teeth ...32
Temporary Teeth ...58 Total 90

(6) Administrations of General anæsthetics for extractions 12

(7) Other Operations :—
Permanent Teeth ...10
Temporary teeth ... 8 Total 18

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	37
(ii.) Total number of examinations of children in the Schools by School Nurses	708
(iii.) Number of individual children found unclean...	Nil
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil
(v.) Number of cases in which legal proceedings were taken :	
(*a*) Under the Education Act, 1921...	Nil
(*b*) Under School Attendance Byelaws	Nil

TABLE X.

Summary of Treatment of Defects.

DISEASE OR DEFECT	NUMBER OF DEFECTS			
	Referred for Treatment	Treated		
		Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	10	2	8	10
Visual Defects	55	26	12	38
Defects of Throat and Nose	15	2	5	7
Dental) Referred by Dentist	435	36	212	248
Defects) Referred by School M.O.... ...	28	7	17	24
Other Defects	13	4	7	11
Total	556	77	261	338